

# ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

CERTIFICATE NO. - 79 -

County of Maricopa

DOCKET NO. EMS 3101

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

## CITY OF SOMERTON dba SOMERTON FIRE DEPARTMENT

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

### 1. Service Area:

*On a non-exclusive basis - i.e., in addition to the Intervenor whose geographic service area has already been granted: City of Somerton and North of Somerton to County 11th Street via Somerton Avenue, West to Colorado River; South to San Luis (Arizona and Mexico Border) and edge of unpopulated desert near abandoned Yuma No. 4 Airfield; East to Avenue B via Highway 95 to include East Cocopah Reservation to County 19th Street; West to the Colorado River to encompass Gadsden; Northeast to County 14th and Avenue B.*

### 2. Legal Address: 445 E. Main Street, Somerton, AZ

### 3. Response Times:

- a. Four (4) minutes on fifty (50) percent of our ambulance calls.
- b. Five (5) minutes on sixty (60) percent of our ambulance calls.
- c. Ten (10) minutes on eighty-five (85) percent of our ambulance calls.
- d. Twelve (12) minutes on ninety (90) percent of our ambulance calls.
- e. Twenty-four (24) minutes on one hundred (100) percent of our ambulance calls.

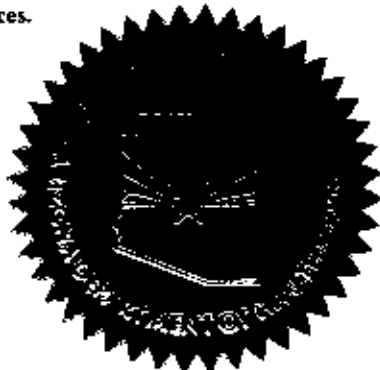
Now, therefore, by virtue of the authority vested in the Arizona department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

AMENDED

## CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending November 30, 2010 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I SUSAN GERARD  
the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 1-29-08

[Signature]  
DIRECTOR